

## **SUPPLEMENTAL APPLICATION DATA SHEET**

### **Application Information**

Application Number:: 10/532,309

Filing Date:: 04/22/05

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?:

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: MICRODISPERSION AND METHOD OF  
PRODUCING SAME

Attorney Docket Number:: 1032553-000050

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?: No

Latin Name::

Variety Denomination Name::

Petition Included?: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: No

### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Great Britain

Status:: Full Capacity

Given Name:: Steve

Middle Name::

Family Name:: LEIGH

Name Suffix::

City of Residence:: MuttENZ

State or Province of Residence::

Country of Residence:: Switzerland

Street of Mailing Address:: PHARES Drug Delivery AG,  
Kluenenfeldstrasse 30

City of Mailing Address:: MuttENZ

State or Province of Mailing  
Address::

Country of Mailing Address:: Switzerland

Postal or Zip Code of Mailing  
Address:: CH-4132

|   |                 |
|---|-----------------|
| Applicant Authority Type::              | Inventor        |
| Primary Citizenship Country::           | Great Britain   |
| Status::                                | Full Capacity   |
| Given Name::                            | Mathew          |
| Middle Name::                           | Louis, Steven   |
| Family Name::                           | LEIGH           |
| Name Suffix::                           |                 |
| City of Residence::                     | Basel           |
| State or Province of Residence::        |                 |
| Country of Residence::                  | Switzerland     |
| Street of Mailing Address::             | Hardstrasse III |
| City of Mailing Address::               | Basel           |
| State or Province of Mailing Address::  |                 |
| Country of Mailing Address::            | Switzerland     |
| Postal or Zip Code of Mailing Address:: | CH-4052         |
| Applicant Authority Type::              | Inventor        |
| Primary Citizenship Country::           | Netherland      |
| Status::                                | Full Capacity   |
| Given Name::                            | Peter           |
| Middle Name::                           |                 |
| Family Name::                           | VAN HOOGEVEST   |
| Name Suffix::                           |                 |
| City of Residence::                     | Bubendorf       |

State or Province of Residence::

Country of Residence:: Switzerland

Street of Mailing Address:: Breitenstrasse 3

City of Mailing Address:: Bubendorf

State or Province of Mailing Address::

Country of Mailing Address:: Switzerland

Postal or Zip Code of Mailing Address:: CH-4416

Applicant Authority Type:: Inventor

Primary Citizenship Country:: ~~Switzerland~~ Great Britain

Status:: Full Capacity

Given Name:: Elsa

Middle Name::

Family Name:: KUNG

Name Suffix::

City of Residence:: Basel

State or Province of Residence::

Country of Residence:: Switzerland

Street of Mailing Address:: Rudolfstrasse 39

City of Mailing Address:: Basel

State or Province of Mailing Address::

Country of Mailing Address:: Switzerland

Postal or Zip Code of Mailing Address:: CH-4054

## **Correspondence Information**

Correspondence Customer Number:: 21839

Phone Number:: (703) 836-6620

Fax Number: (703) 836-2021

## **Representative Information**

Representative Customer Number:: 21839

## **Domestic Priority Information**

| <b>Application::</b> | <b>Continuity Type::</b> | <b>Parent Application::</b> | <b>Parent Filing Date::</b> |
|----------------------|--------------------------|-----------------------------|-----------------------------|
|----------------------|--------------------------|-----------------------------|-----------------------------|

|                  |                   |                   |                  |
|------------------|-------------------|-------------------|------------------|
| This Application | National Stage of | PCT/EP2003/011936 | October 28, 2003 |
|------------------|-------------------|-------------------|------------------|

## **Foreign Priority Information**

| <b>Country::</b> | <b>Application Number::</b> | <b>Filing Date::</b> | <b>Priority Claimed::</b> |
|------------------|-----------------------------|----------------------|---------------------------|
|------------------|-----------------------------|----------------------|---------------------------|

|        |              |            |     |
|--------|--------------|------------|-----|
| Europe | 02 257 455.2 | 10/28/2002 | Yes |
|--------|--------------|------------|-----|

## **Assignee Information**

Assignee Name:: PHARES PHARMACEUTICAL RESEARCH N.V.

Street of Mailing Address:: Emancipatie Boulevard 31, P.O. Box 6052

City of Mailing Address:: Curacao

State or Province of Mailing Address::

Country of Mailing Address:: Netherland-Antilles

Postal or Zip Code of Mailing Address::